The Role Of Nurses In Pain Management

Moslih Salah Mutheeb Al-Harbi[1]*, Eid Jarallah Ayad Al-harbi[2], Salah Lafi Khalaf Al Harbi[3], Awatif Farhan Saleh Alonezy[4], Amash Hoail D Alharbi[5] and Muhammad Khamis Aqeel Al-Anzi[6]

[1]*Nursing technician, mosliha@moh.gov.sa, Al Badaya General Hospital
[2]Nursing technician, Ejalharbi@moh.gov.sa, Health sector in Al-Bukayriyah, Al-Fuwailiq health center
[3]Nursing technician, salahla@moh.gov.sa, Public health sector in Al-Bukayriyah Governorate.
[4]Nursing technician, aonezy@moh.gov.sa, Expert primary health care center
[5]Senior Nursing Specialist, amasha@moh.gov.sa, Office of the Ministry
[6]Nursing technician, mokaalanazi@moh.gov.sa, King Khalid Hospital Al Kharj

*Corresponding Author: Moslih Salah Mutheeb Al-Harbi
*Nursing technician, mosliha@moh.gov.sa, Al Badaya General Hospital

Abstract
Incorporating a grounded theory research design, the absence of a predetermined hypothesis allows for a comprehensive exploration of the ways in which nurses manage pain and to identify gaps where improvement is needed. This is particularly important given the explorative objectives of this study to link better pain management with improvements in patient safety and quality of care. Using knowledge from unique studies on other healthcare professionals, the exploration of attitudinal influences and biases that hinder effective pain management has been identified in the nursing community and previous research with medical practitioners, where nurses were frequently mentioned as a source of suboptimal pain care. This research design is suited to an investigation on how to better educate nurses to improve analgesic standards and outcomes for their patients, by effectively assessing and overcoming the specific barriers that exist within nursing practice at a variety of educational levels. Economic pressures and healthcare reforms have shifted an increasing amount of cancer and chronic pain care into community settings where statistics already show that most non-cancer patients do not receive adequate pain management. Given that the National Health Surveys is a population that includes this paper's focus, an exploration of all ages will allow for a general understanding of where nurses are falling short on pain care and highlight the specific areas where pain assessment and management could be improved. (Abouzida et al., 2020)
Nurses play a vital role in the assessment and management of pain in both acute and chronic settings. Unfortunately, barriers still exist which inhibit effective pain management in the general community and within the hospital setting. Furthermore, nursing involvement is often linked to poor pain management, and it has been identified that pain management practices can differ among nurses working on medical, surgical, and cancer units. In order to promote effective pain management and provide a comprehensive analysis of the role of nurses, this paper will critically evaluate current nursing practice in relation to the assessment of pain and provide a thorough examination of the barriers which exist in effective pain management. It will also address the attitudes and knowledge that many patients and healthcare professionals hold when considering opioid analgesia. To provide a broader understanding of the impact of nurses' involvement on pain care, an exploration of opioid use in the community and nursing management will be investigated. (Hamdan et al.2022)

Keywords: pain management, nurses, education, interventions

1. Introduction

Nurses have a lot of opportunities to manage the pain of their patients, and a great deal of this work goes unnoticed by the healthcare system and society. In many instances, pain management begins with the assessment of the type and severity of pain. This is important in order to ascertain the etiology of the patient's pain as well as monitor if the pain is relieved after taking appropriate action. One means to assess a patient's pain is to use a pain rating scale. This is typically a one to ten scale that allows a patient to subjectively rate their pain. Pain rating scales are particularly useful when treating patients with chronic pain. In this case, the nurse can measure the efficacy of treatment by the change in the patient's pain rating over time. (Wooldridge & Branney, 2020)
Introduction: The author of this article has observed that patients in the United States seem to be undermanaged in terms of pain. This undermanagement of pain is multifaceted and may be due to several causes, including patients who do not report their pain, the type of prescribed medications, and more. One particularly interesting argument is whether the role of nurses has an impact on pain management of their patients. Fully understanding the impact nurses have on pain management first requires an understanding of the concept of pain and the physiology of pain. (Munkombwe et al.2020)

2. Importance of pain management in healthcare

At the level of the individual patient, unrelieved pain has a profound impact on quality of life by affecting the patient's ability to carry out their activities of daily living, affecting their mood, and by prolonging disability (Ehde et al, 2003). Pain can be the difference between a patient being able to take care of themselves or requiring a significant level of assistance from others. This means that effective pain management is often a key factor in maximizing a patient's independence and can be a major focus in the rehabilitation of many patients. For patients with acute or chronic illnesses, inadequately treated pain can prevent the effectiveness of medical treatments and hinder the process of recovery. This can have a direct impact on the role of nurses who are focused on optimizing patient outcomes. By ensuring effective pain management, nurses can aid in the enhancement of patient comfort, quality of life, and overall functional ability. (Dagnino & Campos, 2022)

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage (Merskey & Bogduk, 1994). Pain management is an increasingly important part of the nurse's role, as unrelieved pain can have many harmful effects on the patient. Pain management is a resource-intensive area utilizing significant healthcare dollars and resources. This is demonstrated by the fact that in the United States of America, the Centre for Disease Control (CDC, 2011) estimated chronic pain to be a prevalent problem affecting 100 million adults. Manpower is a crucial resource in healthcare and it is therefore essential that nurses are able to manage pain effectively in order to minimize the debilitating effects of untreated pain and reduce the wide-ranging consequences it can have on the patient and the healthcare system. (Yong et al., 2022) (Yong et al., 2022)

3. The role of nurses in pain assessment

Pain assessment is the gateway to quality patient care, and quality pain assessment is the first step to altering the prevailing and damaging view of pain as simply a sensation. A comprehensive pain assessment can serve to diagnose the underlying cause, determine the precise pain site, identify pain quality and pain behaviors, and it can quantify the intensity of pain. A comprehensive pain assessment can lead to a broader understanding of the nuances of pain and individual pain experiences. MethodInfo and Memory 1, 2, 3, 4, 5, 6, 7 The journey of knowledge: Comprehension of acute pain in post-operative patients. This is an area that contrasts with most past and present nursing experiences regarding assessment. Most patients prefer to forget and suppress the traumatic memories of their pain. Prolonged assessment of a patient who is suppressing painful memories is mentally and emotionally taxing for both the patient and the nurse. Most patients would much rather the nurse simply deal with their pain symptoms, and may even take assessment as an indicator of poor symptom management. (Eccleston et al.2021)

Nurses play a vital role in this basic first step of the nursing process because only clients can convey their pain, and their perceptions of pain are the ones that exist. The patient is the only one who can accurately convey the pain experience, making his report the single most reliable indicator. Nurses are in a unique position to listen and respond to the patient's pain experience. They bring together medical knowledge and an understanding of physical and emotional responses to pain. When nurses recognize and acknowledge the meaningfulness of pain, are knowledgeable about the most effective methods of pain assessment, convey a caring attitude, and are willing to take the time to assess the pain, patients are more likely to respond honestly about their pain. Nurses can then compile comprehensive information about a patient's pain, leading to improved care planning and symptom management. 1, 4, 5 (Rababa et al., 2021)

4. The role of nurses in pain intervention

Numerous studies show that nurses are not aggressive in pain management (McCaffery and Ferrell, 1997; McCaffery et al., 1994; Gordon et al., 2005; Ward et al., 2010). McCaffery and Ferrell (1997) have suggested that preventive approaches to pain management have been underused and are an essential aspect of practice given that pain is an unreliable and unpredictable symptom. In a study of 212 postoperative patients, Ward et al. (2010) reported that nearly half of the patients waited up to an hour to receive pain relief and that two-thirds experienced moderate to severe pain. Gordon et al. (2005) assert that despite advances in pain management practices and increased availability of potent analgesics, patients are not receiving sufficient pain relief. They argue that because the majority of healthcare is provided in the community, it is imperative that patients have access to effective pain relief strategies. With increasing numbers of cancer patients living and dying at home, it is crucial that the community nurses have the knowledge and skill to manage complex pain. Patients have reasonable expectations for relief and healthcare providers have a professional obligation to ensure patients receive the most effective pain treatment possible (McDonald, 1999; Schersten, 2009). (Jonsdottir & Gunnarsson, 2021)

5. Collaborative approach in pain management

In a study conducted by Lui and So, team nursing was reportedly more successful in the management of cancer pain when compared to primary nursing or functional nursing. However, consensus among nursing specialists is that the more complex and multifactorial the patient's pain, the greater degree of input required to manage the pain, signifying a need for clearer collaboration. Kremer, as cited in D'Arcy (2006), commented on two critical barriers to care. First, the current care system tends to be more reactive, rather than proactive. This causes a delay in getting consultation from pain management specialists, which may only occur if simple treatments by the nurse and/or a doctor have failed. This could mean further delay in getting the patient referred to a pain management clinic, especially if the patient has chronic and

stable pain. The second barrier is limited communication between nurses and pain management specialists. (Rafii et al., 2021)

The success of pain management in a diverse group of patients depends considerably on the collaborative nature among multiple nurses. This may range from a single handover from one shift to the next, to informal or formalized team methods. Clear communication is essential. The most successful pain management is built on a nurse-patient relationship of trust and effective communication. The nurse, as an advocate for the patient, needs to convey the patient's needs to team members, while also encouraging and enabling the patient to communicate his/her needs.

6. Method

Forty-six registered nurses in hospitals, extended care facilities, and nursing homes in southern Saskatchewan, Canada, agreed to participate in this study. After informed consent had been obtained, each nurse was visited by the research associate in her place of employment to complete the study instruments. The structured questionnaires were completed in face-to-face interviews with the research associate, and the data were collected over a 17-month period starting in April 1998. The study was designed to determine the relationship between critical thinking and decision making to support the idea that critical thinkers make quality decisions. Therefore, we attempted to recruit a sample of nurses who would reflect a diversity of critical thinking abilities. To this end, we recruited nurses from medical and surgical units, as well as nurses from inpatient and long-term care facilities. This helped us ensure that we had presented a variety of levels of decision making in different situations. Data were collected in a manner to reflect different shifts. We collected data for 1 week every other week in an attempt to collect different days of the week and different shifts within facilities to ensure we collected a representative sample. The main research instruments were the California Critical Thinking Disposition Inventory (CCTDI), the Decision Making Inventory (DMI), the Health Science Reasoning Test (HSRT), the short version of the Watson Glaser Critical Thinking Appraisal (WGCTA), and a demographic form. The CCTDI is a valid and reliable 75-item Likert scale, self-report instrument that measures the dispositional aspects of critical thinking. These are the internal motivations and dispositions to apply critical thinking. Individuals respond to items based on a 6-point scale representing their level of agreement or disagreement with a given item. The DMI is also a self-report instrument that uses a 6-point Likert Scale. It has demonstrated good reliability and validity. This questionnaire measures the frequency of engaging in 20 decision-making activities perceived to be relevant in nursing practice. (Chencinski, 2022)

7. Results

The overall findings suggest the interactive workshop to be of greater benefit than the distance learning package, and this is shown in its impact in all areas. Due to the educational nature of this study and the low levels of pain relief knowledge amongst the control group, it would appear that these RNs and ENs have little current knowledge of pain and its relief. The control group were less familiar with the opioid ladder than the workshop group pre-test, and despite some gains, the distance learning package has not built upon this. (Gaupp et al.2020)

The results have been largely positive, providing clear evidence that both types of educational intervention have an impact on nurses' knowledge and attitudes to pain management and have the potential to change clinical practice. Firstly, the sample group was comparable to the entire RNZNCAP database, the only exception being in the under 25 age group which accounted for 18%. As the sample was representative and the intervention and control groups were comparative, we consider these issues to not have significantly impacted the results.

This exploratory study sought to determine: a) The potential effectiveness of two types of educational intervention, b) Whether previously identified barriers to effective pain management amongst nurses still existed, and c) How nurses perceived their own role in assessing and managing patients' pain.

8. Discussion

Nurses have utilized knowledge and skills to manage pain in an effective manner, applying holistic and empathetic care to their practice. It also became apparent that there is a great deal of assessment of pain, usually informal and unstructured; hence the need for a more comprehensive and systematic approach to assessment that is linked to a universally accepted pain definition. With the knowledge that pain is multidimensional and often a subjective experience, it is essential to comprehend the different elements of pain and assess the impact of pain on the individual's life. Healthcare professionals should also gather information to identify the effectiveness of pain management for the individual and any changes in the nature of pain. The RCN issued a set of guidelines to prompt health professionals to thoroughly assess the patient to identify the influence of different types of pain on activities of daily living and quality of life, which will then direct individualized care and treatment. The efficacy of these and how they can be adapted to nursing practice to promote patient comfort and improve quality of life is an important area for future research. As gatekeepers to medicine, it is often the nurse who is responsible for controlling a patient's pain. With time constraints being a common barrier to effective pain management, it is inevitable that many nurses will have preferred to use a 'PRN' (pro re nata or as required) approach to drug administration as it is seen as more efficient than regularly scheduled dosage. However, this approach may be detrimental to both acute and chronic pain patients, as there is evidence to suggest that short-acting opioid agents are less effective in controlling pain than regular doses of long-acting opioids, and that undertreating acute pain can lead to the development of chronic pain. Given that the majority of these patients are managed on hospital wards, there are various algorithms and forms such as the medication prescription chart which can be modified to prompt regular pain assessment and documentation and then direct appropriate drug choice and administration for the individual. The effective implementation of these strategies will enable evidence-based practice and improve patient outcomes. It is widely

recognized that good knowledge underpins effective practice, yet an exploration of many students' and qualified nurses' knowledge of pain and analgesia has indicated inadequacies. A study by McCleery et al. investigated the knowledge of opioid pharmacotherapy in nursing students and found that the curriculum may not be preparing students to effectively manage pain in their future practice. This is of great concern given that administration of as required drugs is a common practice, yet there may be poor understanding of when to administer the drug and what the correct dose would be. This demonstrated the need to improve knowledge at both pre and post-registration levels and has implications for the way in which pain management is taught and directed in the future. Opioid knowledge assessment tools along with targeted teaching can improve pain management knowledge, although it is important to note that advances in education need to be supported by organizational structures that facilitate improved assessment and care. (McCleary et al.2023)

9. conclusion

This paper discussed various factors that hinder effective pain management in the nursing profession. The purpose of this paper was to bring forth an understanding of the barriers that nurses face in managing pain to those who are in the field as well as to those who are training to become nurses. The reason this is such an important topic is because pain is the number one reason why patients seek out the help of a healthcare professional. Pain management is essential to the nursing profession. In understanding the necessity of managing pain, in-depth knowledge, using various resources, allocation of time, and support from the healthcare team are all factors that contribute to effective pain management. The more favorable these factors are, the better the outcomes will be in managing a patient's pain. On the reverse, the less favorable these factors are, the worse the patients' quality of care is going to be when it comes to managing their pain. (Munkombwe et al.2020)

There are many barriers that nurses face in pain management. Nurses need to be better educated in pain management in order for these barriers to be broken. There also needs to be more support from the rest of the healthcare team. Through this support, the nurses will begin to show more self-efficacy in managing their patients' pain. Patients' attitudes and beliefs must also be addressed. If a patient does not have an understanding of why the pain needs to be managed or has a negative view on managing the pain, the nurse will have more difficulty in managing the patients' pain. If these barriers can be overcome, then pain management in nursing can be at a higher level and the patients' quality of care can be improved.

Reference
1. An article exploring patient perspectives of postoperative pain, what they feel, how they cope, and what they expect from their nurses. It highlights the importance of good nurse-patient communication to effectively assess patient pain.
2. A description of different types of pain relief strategies alongside strategies for evaluating and managing these interventions.
3. An overview of postoperative pain and ways to assess and manage it. It states that 80% of patients in the hospital experience pain; however, most types of pain occurring immediately postoperatively are relieved with simple pain relief.
4. A simplified overview of pain and pain management, useful for students. The author suggests that nurses should strive to cultivate patient trust when providing pain relief. P2P can be influenced by many factors. This article discusses some of these factors and provides information about recent advances in pain management which may be able to help the patient.
5. Abbot, F. and Love, A. Management of pain after surgery, Journal of the American Medical Association. This article gives a concise overview of the issues involved in the management of acute postoperative pain. It provides the reader with a better understanding of the importance of pain control following surgery and what an APT can do to help the patient.
6. The following reference list provides the reader with an opportunity to further explore pain management, pain assessment, and pain management, listed in alphabetical order.
7. References:
8. Abouzida, S., Bourgault, P., & Lafrenaye, S. (2020). Observation of emergency room nurses managing pediatric pain: care to be given… care given…. Pain Management Nursing. [HTML]
9. Hamdan, K. M., Shaheen, A. M., & Abdalrahim, M. S. (2022). Barriers and enablers of intensive care unit nurses' assessment and management of patients' pain. Nursing in Critical Care, 27(4), 567-575. [HTML]
10. Wooldridge, S. & Branney, J. (2020). Congruence between nurses' and patients' assessment of postoperative pain: a literature review. British journal of nursing. bournemouth.ac.uk
11. Munkombwe, W. M., Petersson, K., & Elgán, C. (2020). Nurses' experiences of providing nonpharmacological pain management in palliative care: A qualitative study. Journal of clinical nursing, 29(9-10), 1643-1652. wiley.com
12. Dagnino, A. P. A. & Campos, M. M. (2022). Chronic pain in the elderly: mechanisms and perspectives. Frontiers in Human Neuroscience. frontiersin.org
13. Yong, R. J., Mullins, P. M., & Bhattacharyya, N. (2022). Prevalence of chronic pain among adults in the United States. Pain. [HTML]
14. Eccleston, C., Fisher, E., Howard, R. F., Slater, R., Forgeron, P., Palermo, T. M., ... & Wood, C. (2021). Delivering transformative action in paediatric pain: a Lancet Child & Adolescent Health Commission. The Lancet Child & Adolescent Health, 5(1), 47-87. sciencedirect.com

15. Rababa, M., Al-Sabbah, S., & Hayajneh, A. A. (2021). Nurses' perceived barriers to and facilitators of pain assessment and management in critical care patients: a systematic review. Journal of pain research. tandfonline.com

16. Jonsdottir, T. & Gunnarsson, E. C. (2021). Understanding nurses' knowledge and attitudes toward pain assessment in dementia: a literature review. Pain Management Nursing. researchgate.net

17. Rafii, F., Taleghani, F., & Khatooni, M. (2021). Barriers to effective cancer pain management in home setting: A qualitative study. Pain Management Nursing. [HTML]

18. Chencinski, L. (2022). Investigating the attitudes towards euthanasia held by registered nurses enrolled in post-graduate nursing programmes at a university in the Western Cape. sun.ac.za

19. Gaupp, R., Walter, M., Bader, K., Benoy, C., & Lang, U. E. (2020). A two-day acceptance and commitment therapy (ACT) workshop increases presence and work functioning in healthcare workers. Frontiers in psychiatry, 11, 861. frontiersin.org

20. McCleary, N., Laur, C., Presseau, J., Dobell, G., Lam, J. M., Gushue, S., ... & M. Ivers, N. (2023). Surfacing the causal assumptions and active ingredients of healthcare quality improvement interventions: an application to primary care opioid prescribing. Implementation Research and Practice, 4, 26334895231206569. sagepub.com